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Vermont

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ATTACHMENT 3.1-B
Page 1
OMB No. 0938-0193

State/Territory: Vermont

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): _____

The following ambulatory services are provided.

Services provided to the medically needy group are identical in the amount, duration and scope of services as provided to the categorically needy described in Attachment 3.1-A, Pages 1 through 9.

*Description provided on attachment.

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State: Vermont

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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Standards and Methods of Assuring High Quality Care

The following is a listing of the methods that will be used to assure that the medical and remedial care and services are of high quality:

- Periodic medical review including on-site visits to skilled nursing homes, mental hospitals, and mental health clinics.
- Licensing and certification of participating facilities.
- Surveillance and Utilization Review (part of Medicaid management information system).
- Patient reviews in Intermediate Care Facilities and Mental Health Clinics.
- Professional staff and consultants employed by the Department.
- Fair Hearings.
- Maintenance of records and ad hoc reports.
- Licensing of administrators of skilled nursing facilities.
- Reasonable fees in payment to providers for medical services.
- Use of non-institutional providers appropriately licensed or certified by state agencies.
- Regulation of participating mental health clinics.
- Limiting approval for reimbursement to providers who can meet published State standards for coordinated care to high-technology dependent recipients whose quality of care depends upon the coordinated provision and monitoring of benefits available under the Plan. Assurance is made that no barrier is placed on free choice of providers.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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Methods of Providing Transportation

Transportation to and from necessary medical services is covered and available to eligible Medicaid recipients on a statewide basis.

The following limitations on coverage shall apply:

1. Prior authorization is required. (Exceptions may be granted in a case of a medial emergency.)
2. Transportation is not otherwise available to the Medicaid recipient.
3. Transportation is to and from necessary medical services.
4. The Medical Service is generally available to and used by other members of the community or locality in which the recipient is located. A recipient's freedom of access to health care does not require Medicaid to cover transportation at unusual or exceptional cost in order to meet a recipient's personal choice of provider.
5. Payment is made for the least expensive means of transportation and suitable to the medical needs of the recipient.
6. Reimbursement for the service is limited to enrolled transportation providers.
7. Reimbursement is subject to utilization control and review in accordance with the requirements of Title XIX.
8. Any Medicaid-eligible recipient who believes that his or her request for transportation has been improperly denied may request a fair hearing.

Ambulance Services: See Attachment 3.1-A Page 9a for Ambulance transportation.

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